

OFFICIAL

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(HSQB)

Attachment 4.40-E  
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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Vermont

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

1. A complaint report, including the following information, is completed, logged, and assigned a number:

- \* facility data
- \* information related to the complainant if he/she is willing to reveal it
- \* name, addresses of any witnesses or others who may have direct knowledge of the complaint
- \* summary of the complaint

2. Case is assigned to surveyor for investigation.

3. A letter of acknowledgement is sent to the complainant within three working days.

4. Notification is made to HCFA Regional Office within three working days for the following types of complaints:

- \* federally certified facilities
- \* civil rights violations
- \* Medicare/Medicaid fraud

5. Referral is made to the Attorney General if the compliant may result in criminal prosecution.

6. Investigation is completed including site and/or office review of pertinent information and interviews with staff, witnesses, and/or the local ombudsman.

7. Upon completion of the investigation, the surveyor issues deficiencies as deemed necessary and prepares a narrative report of the investigation.

8. A HCFA Form 562 is completed and sent to HCFA Regional Office for any complaint involving a federally certified facility when an on site visit was made or a deficiency was cited.

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